P	4
PHYSICIANS should stafe	7
23	i
80	1
_	7
3	è
#	•
٥	
д	•
u.	:
_	,
٠	ă
z	•
ď	¢
-	•
ပ	ь
⇉	7
"	٠
~	;
п	-
~	-
٠,	Ω
	7
.:	٠,
₹	C
-	c
-	
,	*
ď	•
2	-
3	8
4	9
-	В
ĕ	2
5	-
4	Я
ACE bulled be stated EAACILI.	20
_	
D	73
2	Œ
4	H
ű.	ш
3	
2	
₹.	÷
	×
3	ă
	П
,	Ж
	ä
٠,	3
	U
:	>
٠.	÷
4	=
١.	ā
2	o
7	벞
•	_
	•
2.	ŏ
:	D
į	9
•	Ħ
	=
, :	Ξ
3	= =
	79 T
the second of the second	that it may be properly classified. Exact statement of OCCHPATION is your impossion

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

important. B	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		Do not use this space. 26249	
S s	County Marian Township 2011111 City (No.	Registration District No	117.73	File No
PHYSIC	(a) Residence. No	Si., 175. mos.	Ward. (If n	onresident give city or town and State) foreign birth? 75. mos. ds.
EXAC:	Tale while In	CULARS MARRIED, WIDOWED OR D (Write the word)	16. DATE OF DEATH (MONTH, DAY 17.	- ang 13 -
Exact stat	IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DATE OF BIRCH (MONTH, DAY AND YEAR)		but I last saw heart, alive on	at
AGE st	OCCUPATION OF DECEASED (a) Trade, profession, or	If LESS than I day, brs. or brin.	Foremeter	Buck
refully supplied. may be properly	particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		CONTRIBUTORY (SECONDARY)	(duration) yrs. mos.
2 **	BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER	leo.	DID AN OPERATION PRECEDE DEATH?	DATE OF
information s plain terms ARENTS	11. BIRTHPLACE OF FATHER (ONY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MONLER	ma.	WAS THERE AN AUTOPSY!, WHAT TEST CONFIRMED DIAGNOSIST. (Signed)	11 Culham, M.
DEATH in	13. BIRTHPLACE OF MOTHER (CITY OR TOWN ST. (STATE-OR COUNTRY)		*State the Disease Causing Des (1) Means and Nature of Injury, Homicidal. (See reverse side for addition	
N. B.—Every item CAUSE OF DEAT	FILED EXTENSION 1926 9 BM		19. PLACE OF BURIAL, CREMATION TO SELECTION 20. UNDERTAKER	N. OR REMOYAL DATE OF BURIAL ADDRESS ADDRESS

BRA Taylar Treo

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public! Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the/kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form, part of the second statement. Never return' "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive at definite salary), may be entered as Housewife Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupations has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of _____(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); Measles, Whooping cough, Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthema," Anemia" (merely symptomatic), "Atrophy,", "Collapse," "Come," "Convulsions," "Debility" ("Congenital," "Seuile," etc.), "Dropsy," "Exhaustion;" "Heart failure ""Hemorrhage," "In-anition," "Marasmus," "Oldage," "Shock," "Uremia," "Weakness, " atc., when a definite disease can be ascertained as the cancel Always qualify all diseases resulting from childleth or miscarriage, as "PUERPERAL'septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means or INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gaugrene, gastritis, crysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, byemia, septicemia, tetanus." But general adoption of the inhimum list suggested will work vast improvement, and its scope can be extended at a later date.

Additional space for further statements

BY PHYBIÇIAN.